PTC/SB/06 (08-01
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PATENT APPLICATION SEES DETECTION to a collection of information unless it displays a valid OMB control number										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									ation or Doctel N	1 CENT
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1			-	D - PART I				OTHE	R THAN	
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FOR NUMBER FILE			ABER FILE	D NR	MBER EXTRA	RATE				
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	FR 1.16(a))				•	┨ ┡━━━	3	OR	<u> </u>] s _
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						 	OR	× s=	 	
] [***	 	OR	+1=	├─ ं─
"If the difference in column 1 is less than zero, enter "0" In column 2.						TOTAL	L	OR	TOTAL	L
CLAIMS AS AMENDED - PART II										
OTHER .									R THAN	
	·	(Column 1)	<u> </u>	(Column 2) (Column 3)	SMALL	ENTITY	OR	SMALL	
化	1011	CLAIMS REMAINING	i	HIGHEST	PRESENT	RATE	ADDI-		1	
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¥ŀ.	Total	AMENDMENT	Minus	PAID FOR	- - - 	 	FEE /		ļ	FEE
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						TOTAL		UK	TOTAL	
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ΞŲ.	9776	REMAINING AFTER		NUMBER PREVIOUSLY		RATE	ADDI- TIONAL		RATE	ADDI-
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عاق	Total 37 CFR 1.18(c))	12	Minus	28		X \$=	1.	OR	x s=	7
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٤,	FIRST PRESENT	ATION OF MULTIP	LE DEPEND	ENT CLAIM (37	CFR 1.18(d))	+5 =		OR	+5=	_
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ol		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	2.77		ſ	T	
닐		AFTER		PREVIOUSLY		RATE	ADDI- TIONAL	l	RATE	ADDI- TIONAL
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al-	37 CFR 1.18(c))		Minus			x \$=		OR	x s =	
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ADD'L FEE OR ADD'L FEE										
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in continued.										
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			28					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	28 min	us 20=	* 8			X\$ 9=		OR	X\$18=	
	EPENDENT CL			nus 3 =	3	3		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		-		X\$ 9=		OR	X\$18=	
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ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	÷	OR	+280=	•
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
	•	(Column 1)		(Colu	nn 2)	(Column 3)		ADDII.1 EE 1				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		= ·		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	<u> -</u>	4	X42=		OR	X84=	
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
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ENTC		CLAIMS REMAINING AFTER AMENDMENT	Q 48 6	PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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┡	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OR	TOTAL	
	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							ADDIT. FEE		OR	ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												